

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/03/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/02/2015
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, FT SANDERS		STREET ADDRESS, CITY, STATE, ZIP CODE 2120 HIGHLAND AVE KNOXVILLE, TN 37916	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain doors protecting corridor openings. The findings include: 1) Observation and interview with the maintenance director, on 12/2/15 at 11:19 AM revealed 2 of 2 physical therapy gym doors in the basement have 2 releasing motions. 2) Observation and interview with the maintenance director, on 12/2/15 at 12:45 PM revealed the case manager's door has 2 releasing motions.</p>	K 018	<p>K018</p> <p>1. Contractor, F.M. George, performed the work on the doors identified in the physical therapy gym and case managers' office by removing the deadbolt locking mechanisms. Work Order #F58962.</p> <p>2. Review by the Environmental Service Director and Maintenance Director will ensure that no other doors have to 2 release motion or any additional locking devices.</p> <p>3. The Facility will continue to monitor doors through its Preventive Maintenance Program for door closures. The Maintenance Director will assure compliance.</p> <p>4. Coordination with the facilities door maintenance contractor, F.M. George, will assure that no added locking devices will be added to existing doors. This will supplement the PM program in place. A copy of the facility floor plan identifies all doors throughout the building for use in the review.</p>	<p>12/15/15</p> <p>12/3/15</p> <p>12/3/15</p> <p>12/3/15</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 (NFPA 101, 7.2.1.5.4) These findings were verified by the maintenance staff and acknowledged by the administrator during the exit conference on 12/2/15.	K 018	K18 see page 1 of 4		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the sprinkler system was maintained. The findings include: 1) Observation and interview with the maintenance director, on 12/2/15 at 12:22 PM revealed the sprinkler head in the activity storage room has overspray and in the 3rd floor west stairwell 1 of 2 sprinkler heads has overspray on the bulb. (NFPA 25, 2-2.1.1) 2) Observation and interview with the maintenance director, on 12/2/15 at 12:42 PM revealed the east stairwell and the west stairwell have mixed sprinkler heads. (NFPA 13, 5-3.1.5.2) These findings were verified by the maintenance staff and acknowledged by the administrator during the exit conference on 12/2/15.	K 062	K062 1. Contractor, Morristown Automatic Sprinkler Company, was contacted to change out the mixed sprinkler heads identified in the stairwells. Also changed out were the heads identified with pain overspray on them. Work Order #SV1512040001 2. After close inspection of all remaining sprinkler heads throughout the entire building no other mixed sprinkler heads were found, or overspray paint, by the Environmental Director of Maintenance 3. Continued inspection by our Environment Director and Maintenance Director through the Preventative Maintenance Program, (PMP) will ensure future compliance. 4. Work orders for sprinkler head changes will be monitored by the maintenance Director to include mixed heads in the same compartment and any painting projects that may create overspray of sprinkler heads.	12/7/15 12/3/15 12/3/15 12/3/15	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance	K 069	K069 See page 3 of 4		

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K 069	Continued From page 2 with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure gas commercial cooking equipment is installed limiting the movement of the equipment. The findings include: Observation and interview with the maintenance director, on 12/2/15 at 12:55 PM confirmed the gas stove is not secured limiting the movement of the equipment. (NFPA 54, 6.12.6) This finding was verified by the maintenance staff and acknowledged by the administrator during the exit conference on 12/2/15. NFPA 101 LIFE SAFETY CODE STANDARD	K 069	K069 1. Contractor, Premier Food Equipment Service, PFS, completed work on the oven by removing castors and installing non-removable legs and anchoring the legs to the floor. This will ensure that the oven cannot be moved which will protect the existing gas line. Work Order #10180 2. Review of other existing kitchen equipment by the Certified Dietary Manager, (CDM), did not reveal any other gas equipment with this issue. 3. Continued Preventative Maintenance reviews by the CDM and facility Maintenance Director will ensure that alterations to kitchen equipment not include the installation of castors to cooking equipment that is hooked up the a gas line. 4. In addition to preventive maintenance reviews, as listed above, NHC will continue to conduct annual kitchen inspections form out Regional Registered Dietician that will include the equipment and safety hardware.	12/3/15 12/3/15 12/3/15	
K 070 SS=E	Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8 This STANDARD is not met as evidenced by: Based on observation and interview, the facility was using unapproved space heaters. The findings include: Observation and interview with the maintenance director, on 12/2/15 at 12:15 PM revealed portable space heaters in the accounts payable office and the biohazard office on the 3rd floor.	K 070	K070 see page 4 of 4	12/3/15	

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K 070	Continued From page 3 (NFPA 101, 19.7.8) These findings were verified by the maintenance staff and acknowledged by the administrator during the exit conference on 12/2/15.	K 070	<p>K070</p> <p>1. The two portable space heaters in question were removed by maintenance staff on the date of the survey</p> <p>2. A facility review by the Environment Service director and Maintenance Director found no other space heaters in use. One other heater not in use, was removed and sent home with the employee/owner. One of the two heaters in question was owned by a former employee and was not in use.</p> <p>3. Communication with all offices staff was conducted at the "Daily Stand Up Meeting" to review the issue of space heater usage. Continued monitoring by facility Maintenance staff will ensure that no space heaters will be in use.</p> <p>4. Maintenance personnel will continue to conduct PMP reviews to communicate and monitor that office personnel do not bring in portable space heaters.</p>	12/2/15	12/03/15
				12/03/15	12/03/15